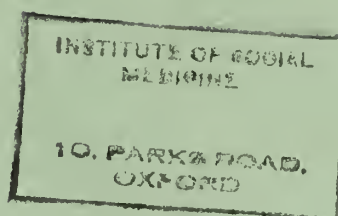


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COUNTY OF ZETLAND

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1951



Public Health Office,  
Brentham Place,  
LERWICK, July, 1952

To

The Department of Health for Scotland  
The County Council of Zetland  
The Town Council of Lerwick  
The Education Committee of Zetland County Council

Gentlemen,

I beg to submit my Annual Report on the Public  
Health Administration of the County for the year 1951.

I am, Gentlemen,  
Your obedient Servant,

S.A.B. Black,  
Medical Officer of Health.



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## VITAL STATISTICS

The following is a summary of the principal statistics for the year 1951. Figures for the years 1949 and 1950 are given for comparison. The figures given are corrected for transfers.

	<u>Zetland</u>		<u>Scotland</u>	
	<u>1949</u>	<u>1950</u>	<u>1951</u>	
Population (estimated) .....	20,338	19,869	19,475	
Crude death rate per 1,000 population .....	16.6	17.2	17.6	
Death rate adjusted for age and sex distribution .....	10.8	11.2	11.4	12.9
Live births (including illegitimate) .....	321	308	305	
Birth rate (per 1,000 population) .....	15.8	15.5	15.7	17.7
Illegitimate birth rate (per 100 births) .....	4.0	4.9	4.3	5.1
Infant mortality rate .....	28	36	20	37
Deaths from tuberculosis (all forms) .....	18	11	10	
Death rate from tuberculosis (all forms) .....	0.89	0.55	0.51	0.43
Deaths from pulmonary tuberculosis .....	17	10	8	
Death rate from pulmonary tuberculosis .....	0.84	0.50	0.41	0.37
Deaths from principal epidemic diseases .....	6	5	18	
Death rate (per 1,000 population) from principal epidemic diseases .....	0.30	0.25	0.92	0.22

The Registrar General's estimate of the population of the county in the middle of 1951 is 19,475 which is a decrease of 394 on the estimated population in 1950.

There were 305 live births. The birth rate remains practically unaltered at 15.7. This is 2.0 below the rate for Scotland. There were eight still births during the year, and four neo-natal deaths (that is deaths of infants during the first month of their lives). Further comment on these figures will be found on page 4 of this report.

The illegitimate birth rate at 4.3 continues to remain low.

The death rate at 17.6 is the highest for eight years; the death rate adjusted for age and sex distribution is 11.4, which is 1.5 less than the rate for the whole country.

The number of deaths once more exceed the number of births. In the last three years there have been eighty-nine more deaths than births. The average age of the population is high - one quarter of the population are of pensionable age. The birth rate has been below the replacement level for many years. Therefore as the older people die a considerable drop in the population is inevitable unless there is an unexpected immigration of persons into the county. Even if all emigration from the county to the south were to cease, the population would still be decreasing. This has been pointed out in previous reports but is worth repeating as one so often encounters people who still have very unrealistic ideas on this subject.

The following table shows the number of deaths at various ages from all causes.

	<u>1951</u>		
	<u>Males.</u>	<u>Females.</u>	<u>Total.</u>
All ages	153	190	343
- 1	4	2	6
1 - 5	-	1	1
5 - 10	-	-	-
10 - 15	-	-	-
15 - 25	-	1	1
25 - 35	5	3	8
35 - 45	3	5	8
45 - 55	6	10	16
55 - 65	18	20	38
65 - 75	35	39	74
75 - 85	57	65	122
85 and over	25	44	69

This/



This table is very similar to the equivalent table in last year's report. As many as 56% of all deaths were persons over 75 years of age.

The following table shows in order of frequency the most common ascribed causes of death:-

<u>Cause</u>	<u>Number</u>	<u>Percentage of total deaths.</u>
Arteriosclerotic and degenerative heart disease.	103	30%
Vascular lesions affecting central nervous system.	45	13%
Malignant neoplasms.	43	12%
Senility.	29	8%
Influenza.	17	5%

The first four causes of death are conditions associated with old age, and show similar figures to the equivalent table in previous reports, but it is the first time for thirteen years that influenza (with 17 deaths) has managed to account for as many as 5 per cent of the deaths in the year.

#### DOMICILIARY NURSING SERVICE

The carrying out of the County Council's responsibilities under the National Health Service (Scotland) Act depends on the maintenance of an efficient District Nursing Service.

About half of our staff of District Nurses are recruited from other parts of Scotland. While there continues to be a shortage of nurses in the country it will not be easy to attract nurses to posts far from their homes in the south. This can only be done if we persevere in our attempts to make the living and working conditions compare favourably with those in counties further south.

The County Council has continued its policy of trying to make improvements in this direction.

Since 1948 when the County Council took over from the District Nursing Associations ten new cars have been purchased for the nursing service. Two new cars were purchased in 1951.

During the year a new nurse's house built at Urafirth was put into use, and with the helpful co-operation of the Lerwick Town Council a house was made available in Lerwick for the use of the Lerwick nurse and a relief nurse. Improvements to some of the existing nurses' houses were made and housing for the nurses at Scalloway, Walls, and Sandness was planned and should soon be completed.

During the year the nursing staff was maintained at a strength of about 19 except for a period in mid-summer when owing to health reasons there were vacancies in Skerries and Fair Isle./

Fair Isle. It proved very difficult to find relief nurses willing to serve in outlying areas.

There were fortunately only a few changes in staff during the year. Three new nurses were recruited and two nurses left. Nine nurses have been over five years in the county, and only three nurses have been less than one year with us.

#### CARE OF MOTHERS AND YOUNG CHILDREN

In Lerwick 359 different children attended the Child Welfare Clinic at Hillhead. The nurse in charge also visited children in their homes.

Outside the burgh, infant welfare visits were made by the various nurses in their areas and a total of 4720 visits were made to 427 children.

The infant mortality rate for 1951 was 20. This is the lowest it has ever been. This is satisfactory but when dealing with so few births a year the difference of two or three deaths can make big variations in the rate and one should consider the average figure over a number of years.

The table below shows figures in recent years for still births, neo-natal deaths, and deaths of children under one year of age:-

	<u>Births</u> <u>(Corrected for</u> <u>transfers)</u>	<u>Still-</u> <u>Births</u>	<u>Neo-Natal</u> <u>Deaths</u>	<u>Deaths of Infants</u> <u>under one year</u>
1944	331	15	8	11
1945	291	4	4	10
1946	318	10	10	13
1947	366	14	6	11
1948	298	5	9	14
1949	321	6	3	9
1950	308	3	10	11
1951	305	8	4	6

#### MIDWIFERY

A large proportion of the confinements in the county are now being handled in hospital as the table below shows:-

	<u>Number of Confinements.</u>	<u>Confinements in Hospital</u>
1949	321	215 - 67%
1950	308	216 - 70%
1951	304	202 - 66%

The/

The table below shows the number of births in hospital and at home which have occurred in the different areas of the county:-

Births during 1951

<u>Area</u>	<u>In</u> <u>hospital</u>	<u>At</u> <u>home</u>	<u>Area</u>	<u>In</u> <u>hospital</u>	<u>At</u> <u>home</u>
Burra Isle	13	3	Papa Stour	2	-
Bressay	1	3	Sandsting	15	2
Delting	13	5	Sandwick	8	2
Dunrossness	11	2	Skerries	1	2
Fair Isle	2	-	Tingwall	23	5
Fetlar	-	3	Trondra	1	-
Foula	1	-	Unst	-	13
Gulberwick	2	-	Walls, Sandness	7	5
Lerwick	90	12	Whalsay	-	17
Nesting, etc.	4	2	Yell	2	19
Northmavine	6	7			

Midwives (Scotland) Act

There was one death of a mother as a complication of childbirth.

There were no cases of puerperal fever or puerperal pyrexia notified.

Twenty six midwives notified their intention to practise midwifery in the county during the year.

Analgesia during Labour

Although twelve of our district nurses have been trained in the use of gas and air analgesia this is not much used in domiciliary cases. It is usually the custom in this county for the practitioner to be present at domiciliary confinements and thus the opportunity for analgesia is made available.

Including hospital cases the opportunity for analgesia was available for 91 per cent of women confined in 1951. The figure for the previous year was 94 per cent.

(Other figures are given on page 1 of the Appendix).

HOME NURSING, CARE AND AFTER CARE,  
CARE OF THE AGED

During the first few months of the year the District Nurses were given an unusual amount of home nursing to do as a result of the influenza epidemic. Apart from exceptional periods of this kind most of the time spent in home nursing duties by the nursing staff is spent in the service of the aged.

In February, 1952, the County Council were given a report on the problem of the welfare of the aged. This report explained in detail the difficulties which were being encountered/



encountered in trying to look after the very large number of old persons in the county. It is not therefore necessary to repeat here the facts given in a report so recently considered by the County Council's Welfare Committee, but the following is a short summary of the position at the end of the year.

There is in this county an unusually large proportion of old and infirm persons relying on a reduced number of able bodied younger relatives and neighbours to take care of them in their last few years.

A low birth rate for many years, and the emigration southwards of many young persons has brought this about.

About 12 per cent of the population of Scotland are of pensionable age, but in Shetland the proportion is 25 per cent. A further difficulty is that so many of the older folk live in country districts where there are few near neighbours. Under such conditions it is often difficult for the last survivor of a household to get the help which in towns is so much more easily given by any kindly neighbour living close at hand.

In the past old persons have been helped by relatives and neighbours, and in certain cases when more care has been needed the patients have had to be removed to the Brevik Hospital for the final few weeks or months of their lives. The numbers seeking admission are now too large for the hospital to handle. Urgent cases - such as persons living alone who have had a stroke and are helpless - have had to be given beds whenever any are vacant, and the waiting list cases have very seldom been admitted during the year. The hospital has been admitting more acutely ill or dying patients and fewer cases needing months or years of care.

This has not occurred in any previous winter and the position is likely to get more difficult, because the proportion of aged persons is increasing.

As we cannot hope for a sudden increase of hospital accommodation to solve our difficulties we must try and organise more care for old persons in their homes.

It would be impossible to raise and work a 'home help' service of the type in existence in cities in the south. The practical difficulties of working such a service in thinly populated country districts are obvious.

It is help with domestic duties, in the fetching of fuel and water, and general care which is most needed. Doctors and nurses cannot supply services of this type.

The Welfare Committee and the Public Health Committee of the County Council are working out the possibilities of a modified home help service. Any such service will need to be in addition to, and not in place of, the help of relatives and good neighbours.

The problem of caring for old persons is going to be an increasing difficulty for several years; it is only starting to become an acute problem at present.

When discussing this problem one gets told that this difficulty is "the same everywhere else." This is not so. The proportion of aged persons in the population in most other areas of Scotland is only half as great as in Shetland, and/

and only a few areas have the added difficulty that the population is dispersed in the way it is here.

During the year further progress was made in planning the adaptation of Viewforth House as an eventide home, and it is hoped that work on this building will start soon. This much needed institution will be a help, but it will not be a solution to our difficulties.

### TUBERCULOSIS

With some caution one can report that the tuberculosis position has continued to improve. There are 20 notifications of new cases during the year, nine fewer than last year. There were ten deaths from tuberculosis, one more than last year. The fact that new notifications have dropped to 20 is encouraging, as this has been achieved despite the fact that there has been more searching for new cases and more examination of contacts in the past two years than ever before. From 1945 to 1949 there was an average of 30 new notifications each year. One is encouraged to hope that the post war rise in the incidence of tuberculosis is now over and that the outlook is more promising. Once again the Sanatorium has had no waiting list at any time during the year, and it has been possible to admit immediately all cases able to benefit from hospital treatment.

The death rate for pulmonary tuberculosis was 0.41 per 1,000. The average for the previous five years was 0.61.

A consultant chest physician from Aberdeen has continued to visit the county once a quarter. The encouraging results from treatment of cases has helped to give the public a different outlook about this disease, and patients and contacts of known cases are submitting readily to examination and co-operating well.

472 chest X-ray plates were made of out-patients at the Sanatorium during the year. This number includes 67 national servicemen and a few school canteen workers. The remainder were either contacts of tuberculous cases or patients with chest symptoms sent for X-ray by their doctors.

District nurses have made 867 visits to 141 different patients on the tuberculosis register. (Statistical Returns are given on page 2 of the Appendix).

Child contacts of newly notified cases have been examined in the hope of finding suitable cases for B.C.G. inoculation, but so far we have not had an opportunity to use this form of protection.

### VACCINATION AND IMMUNISATION/

### VACCINATION AND IMMUNISATION

The County Council's scheme for providing diphtheria immunisation continues as in previous years. Alum Precipitated Toxoid is issued to practitioners by the Local Authority. Practitioners hold immunisation sessions at country schools. The Medical Officer of Health immunises children from the Lerwick Welfare Centre and at the Lerwick schools. The table below gives particulars of this work.

	<u>Number given course of two injections.</u>	<u>Number given Re-inforcing dose</u>
Lerwick schools	40	165
Lerwick Child Welfare Centre	38	-
Practitioners in country	<u>156</u>	<u>326</u>
	<u>234</u>	<u>491</u>

At present just under one third of the pre-school children are immunised against diphtheria and about one half of the children of school age. We should be able to get a higher percentage immunised.

There has been no diphtheria in the county for several years. This fact has probably caused some parents to decide against immunisation.

The areas where immunisation is least popular are Sandsting, Bressay, Unst and Yell.

#### Vaccination Against Smallpox

During the year records of only 12 vaccinations of children against smallpox were received from practitioners. The total number of vaccinations done is greater.

Vaccine lymph is supplied to practitioners on request.

### INFECTIOUS DISEASES/



INFECTIOUS DISEASES

The following table shows the regional and age distribution of cases of infectious diseases in the county during 1951. (Cases of tuberculosis are not included).

Disease	At all ages	-1	1-	5-	15-	25-	45-	Received hospital treatment
<u>Lerwick Burgh</u>								
Acute Primary Pneumonia	1	-	-	-	-	-	1	-
Scarlet Fever .....	14	-	2	10	2	-	-	1
Total .....	15	-	2	10	2	-	1	1
<u>Mainland</u>								
Acute Primary Pneumonia	1	-	-	-	-	-	1	-
Erysipelas .....	2	-	-	1	1	-	-	-
Scarlet Fever .....	9	-	-	9	-	-	-	-
Total .....	12	-	-	10	1	-	1	-
<u>North Isles</u>								
Acute Primary Pneumonia	2	-	-	-	-	1	1	-
Erysipelas .....	1	-	-	-	-	1	-	-
Paratyphoid B. ....	3	-	-	1	-	2	-	2
Scarlet Fever .....	3	-	-	3	-	-	-	-
Total .....	9	-	-	4	-	4	1	2

The infectious conditions which were of most interest during the year were not notifiable and are not mentioned in the above table.

In the beginning of the year there were many cases of influenza, and this disease was responsible for 17 deaths, fourteen of the cases being old persons.

I am grateful to the medical practitioners for giving me particulars from their records of cases of epidemic myalgia which occurred during the summer.

In May cases of epidemic myalgia occurred in Yell. This disease subsequently spread to Lerwick, and a few cases occurred in Unst, Dunrossness and in Northmavine. The country areas most affected were Yell (70 cases) and Walls and Sandness (23 cases). There were 301 cases seen by medical practitioners, and undoubtedly many other mild cases not seen by doctors. 185 of the reported cases occurred in Lerwick. Most cases occurred during the last half of August and in September. In most cases the illness only incapacitated the patient for a few days, but a few had severe symptoms. Two cases were admitted to hospital with symptoms simulating some more serious condition.

The/

The ages of patients seen by their doctors are shown in the following table:-

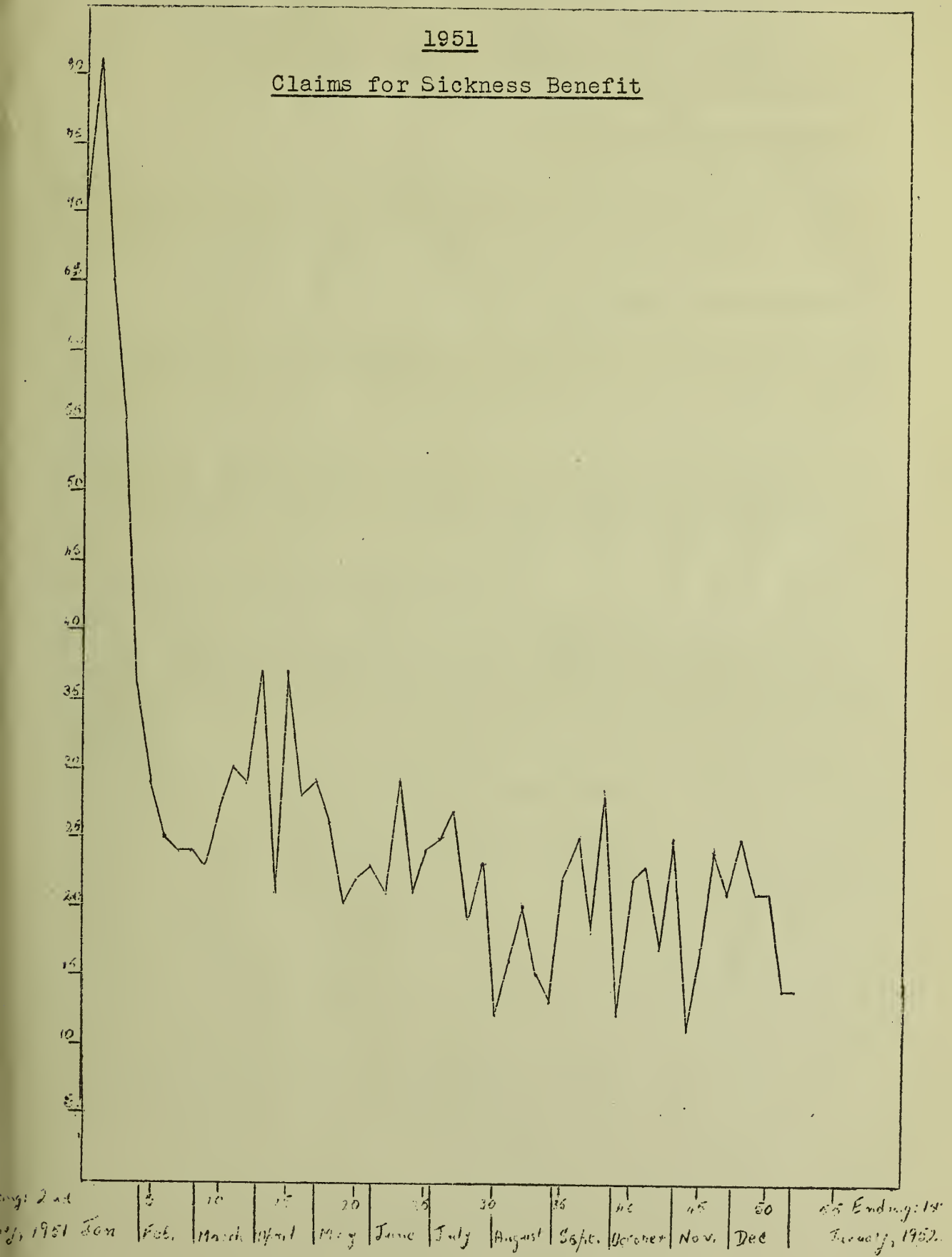
Age in years:	0-5	5-10	10-20	20-30	30-40	40-50	Over 50	Total
Males	17	29	19	44	45	25	28	207
Females	8	21	10	12	7	20	16	94
	25	50	29	56	52	45	44	301

In Fair Isle cases of streptococcal sore throat occurred during the summer and autumn. The infection affected some of the inhabitants in a severe form. There were two fatal cases of rapidly spreading streptococcal cellulitis. Altogether five cases showed symptoms of a general streptococcal infection and required hospital treatment. These severe cases were spaced out between June and the end of October.

In Whalsay there were three cases of paratyphoid during July. There was reason to suppose that these cases were infected from a known paratyphoid carrier.

The graph on the following page shows the number of new claims for sickness benefit in this county made to the Ministry of National Insurance each week. The graph gives some idea of variations in the health of one section of the community at different times of the year.





### Health Propoganda

A talk on the hygiene of food handling and the spread of infectious diarrhoeal diseases was given by the Medical Officer of Health to school canteen workers in July, and a film illustrating points in the talk was shown.

Nurses continue to teach principles of hygiene in the course of their work, and are the chief source of propoganda in encouraging mothers to have their children immunised against diphtheria.

### Port Sanitary Regulations

During the year 377 vessels made a port in Shetland their first port of call after leaving a foreign country. In each case satisfactory Declaration of Health statements were received.

### Factories Act, 1937

Under Section 128 of the Factories Act, 1937, a Medical Officer of Health is required to comment in his annual report on the workings of Parts I and VIII of that Act.

The County Sanitary Inspector and the Burgh Surveyor have carried out inspections of the 119 'factory premises' in the county and details of the action taken are given on pages 4 and 5 of the Appendix.

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Information on Water, Housing, Meat Inspection, Milk and Food Inspection are given in the report of the County Sanitary Inspector.

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REPORT ON SCHOOL MEDICAL INSPECTIONYear ended 31st July, 1951STAFFSchool Medical Officer (part-time):-

S.A.B. Black, M.D., D.P.H., D.T.M.&amp;H.

School Dental Officer:-

Alfred Young.

School Nurses (part-time):-

Lerwick - One.

Other Areas - 19 District Nurses in 19 areas  
in the County.Specialist Medical Officers:-The various consultants of the North-Eastern  
Regional Hospital Board to whom cases from this  
County are referred.Clerks:-

2 (part-time)

GENERAL STATISTICSPopulation of Area - 19,869 (at start of school  
year)

## Number of Schools:-

Primary	-	42
Secondary	-	12
Side Schools	-	3

Number of children on register	-	2946
Number of children in average attendance	-	2789
Percentage attendance for year	-	91.1

### SYSTEM AND EXTENT OF MEDICAL INSPECTION

During the school year ended July, 1951, all schools were visited for medical inspection of the pupils except the school in Fetlar and the school in Papa Stour.

Pupils in the following age groups were given routine school medical examination:-

- (I) All entrants and pupils not previously subjected to routine school medical inspection.
- (II) Pupils born in 1944 (examined for visual acuity and hearing only).
- (III) Pupils born in 1942.
- (IV) Pupils born in 1938.
- (V) Pupils born in 1935.

Table 1 of this report shows that 1022 children in these groups were given systematic examination. This figure is 110 less than last year.

133 children not in the age groups were re-examined on account of some defect or possible defect noted at previous examinations. 23 of these children were found to require some treatment, and their parents were informed.

55 children missed routine inspection through being absent on the day of the examination, so that 93 per cent of children due for routine examination were actually seen. This percentage has shown little variation in the past six years.

#### Attendance of Parents at Inspections

Parents or other relatives of children attended with 224 of the children receiving routine inspection. Parents attended with 52 per cent of children examined in the entrants group.

### THE FINDINGS OF MEDICAL INSPECTION/



## THE FINDINGS OF MEDICAL INSPECTION

Table 11 (page 17) shows in detail under separate headings the number of defects found at systematic inspections. There are no figures which are unusual or call for much comment.

Cleanliness. Head nits were found on only eleven children (1.4 per cent). This is an improvement on the previous few years. Insecticidal hair lotions are given to parents by the school nurses when necessary. Perseverance could bring the incidence still lower.

Skin Conditions. These continue to be uncommon. Once again no cases of scabies were found in the course of routine inspections, though no doubt cases occur and are treated between visits of the school medical officer.

Nutritional State. There has been a further drop in the number of children showing slight nutritional defects. Eight children (2 per cent) were found to be showing this defect compared with 16 in the previous year, 20 in 1949, and 43 (5.6 per cent) when I first examined school children in this county in 1946. Comparisons with the figures of other areas of the country is not possible as different observers differ widely in the standards of nutrition which they consider worthy of classification as a "slight defect." There were no children showing a really bad nutritional state.

Mouth and Teeth. Fifteen children showed an unusually unhealthy state of the mouth. The number of children showing this defect varies in any school, depending on whether the school dentist has preceeded or is following the school medical officer in his rounds. The figure is lower than last year. A tendency for the first set of teeth to decay rapidly exists in this county. Parents in the last few years have become much more conscious of the need for dental attention for their children.

Naso-Pharyngeal Conditions. Defective conditions of the ear, nose and throat continue to be uncommon and in this respect our children are far more fortunate than pupils further south.

Defects in Vision. In 1950 7.3 per cent of children were found to require examination for the provision of glasses. In 1949 the figure was 15 per cent. This year the figure was 11.9 per cent (87 children).

There are no other points in the findings of medical inspection calling for special comment. (See Table 11).

Table 111 classifies the children into groups in accordance with the severity of the defects discovered. The table is very similar to the equivalent table in the report for the previous year.

The table of average heights and weights shows only insignificant differences when compared with last year's table.

TABLE 1

Total number of children examined at:-

(A)		Systematic Examinations:-	Other systematic Examinations:-
Ordinary Schools	(Entrants	271	-
	(Second Age Group	243	-
	(Third Age Group	241	-
	(Fourth Age Group	44	-
	(Fifth Age Group	-	-
Secondary Schools	(Fourth Age Group	192	-
	(Fifth Age Group	31	-
		<u>1022</u>	<u>-</u>
(B) Other examinations:-		Special cases	44
		Re-inspections by Medical Officer	89
			<u>133</u>

Number of individual children inspected at systematic examination, who were notified to parents as requiring treatment (excluding uncleanliness and dental caries):-

Entrants	-	17
Second Age Group	-	30
Third Age Group	-	46
Fourth Age Group	-	30
Fifth Age Group	-	6
Other systematic examinations	-	-
		<u>129</u>

Of 133 children given a re-inspection or special examination 23 were notified to parents as requiring treatment, and 20 were noted for re-examination again during the school year 1951-52.

T A B L E 11

Return of number and percentage of individual children in each age group suffering from particular defects:-

[illegible]

TABLE 11 (Cont'd.)

[illegible]



TABLE 11 (Cont'd.)

Nature of Defect.	Total defective at all ages	Entrants		Third Age Group		Fourth Age Group		Fifth Age Group		All Ages			
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Other diseases	9 1.2	1 0.7	1 0.8	2 1.8	2 1.6	3 2.4	-	-	-	6 1.5	3 0.8		
14. Deformities-													
(a) Congenital	2 0.3	-	-	1 0.9	1 0.8	-	-	-	-	1 0.3	1 0.3		
(b) Acquired (Infantile Paralysis)	-	-	-	-	-	-	-	-	-	-	-		
(c) Acquired (probable rickets)	11 1.4	4 2.9	-	1 0.9	2 1.6	3 2.4	1 0.9	-	-	8 2.0	3 0.8		
(d) Acquired (Other causes)	2 0.3	-	-	-	-	2 1.6	-	-	-	2 0.5	-		
15. Infectious diseases	1 0.1	1 0.7	-	-	-	-	-	-	-	1 0.3	-		
16. Other diseases or defects	2 0.3	-	-	-	1 0.8	-	1 0.9	-	-	-	2 0.5		
8. (b) Visual acuity:													
Nature of Defect.	Total defective at all ages	Second Entrants		Third Age Group		Fourth Age Group		Fifth Age Group		All Ages			
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Total number subjected to routine vision testing:													
		6	3	130	113	109	126	118	107	13	13	373	359
Visual acuity:													
Fair	89 12.2	1 16.7	2 66.7	16 12.3	16 14.2	11 10.1	13 10.3	12 10.2	14 13.1	2 15.4	4 30.8	41 11.0	48 13.4
Bad	62 8.5	1 16.7	2 66.7	8 6.2	6 5.3	11 10.1	11 8.7	12 10.2	10 9.4	2 15.4	3 23.1	32 8.6	30 8.4
Number recommended for refraction													
tion	87 11.9	1 16.7	-	17 13.1	10 8.9	15 13.8	13 10.3	14 11.9	11 10.3	4 30.8	2 15.4	51 13.7	36 10.0

TABLE 111

## Systematic Medical Examinations

Group	Entrants		3rd age group		4th age group		5th age group		Total	
	No. of children exd. in this group	% of the children exd. in this group	No. of children exd. in this group	% of the children exd. in this group	No. of children exd. in this group	% of the children exd. in this group	No. of children exd. in this group	% of the children exd. in this group	No. of children exd. at systematic medical exams.	% of the children exd. at systematic medical exams.
1	238	87.82	204	84.65	204	86.44	26	83.87	672	86.26
" 11(a)	-	-	13	5.39	6	2.54	1	3.23	20	2.57
" 11(b)	8	2.95	2	0.83	1	0.43	-	-	11	1.41
" 11(c)	-	-	-	-	-	-	-	-	-	-
Total	8	2.95	15	6.22	7	2.97	1	3.23	31	3.98
" 111	14	5.17	14	5.81	14	5.93	4	12.90	46	5.91
" 1V(a)	11	4.06	7	2.91	9	3.81	-	-	27	3.47
" 1V(b)	-	-	1	0.41	2	0.85	-	-	3	0.38
Total	11	4.06	8	3.32	11	4.66	-	-	30	3.85
Total No. of children examined	271	100.00	241	100.00	236	100.00	31	100.00	779	100.00

Definitions of each group:- 1. Children free from defects. 11(a) Defective vision not worse than 6/12 in the better eye with or without glasses. 11(b) Condition of the mouth and teeth requiring treatment. 11(c) Both (a) and (b). 111. Children suffering from ailments (other than those mentioned in 11) from which a complete recovery is anticipated within a few weeks. 1V(a) Where complete cure or restoration of function (in case of eye defect, full correction) is considered possible. 1V(b) Where improvement only is considered possible, e.g. without complete restoration of function. Children in the 2nd age Group are examined for visual acuity only and are therefore not classified into groups.

Table of Average Age, Weight and Height of  
Children Examined at Systematic School Medical  
Inspection During the Year Ended 31st July,  
1951

<u>Group</u>	<u>Average Age</u>		<u>Average Weight</u>	<u>Average Height</u>
	<u>Years</u>	<u>Months</u>	<u>in lbs</u>	<u>in inches</u>
<u>Entrants:-</u>				
Males	5	10.9	47.4	45.1
Females	5	9.7	44.9	44.9
<u>Third Age Group:-</u>				
Males	9	6.5	68.3	52.4
Females	9	5.4	66.2	52.8
<u>Fourth Age Group:-</u>				
Males	13	7.6	102.1	61.4
Females	13	8.6	109.7	62.5
<u>Fifth Age Group:-</u>				
Males	17	5.8	136.7	67.9
Females	17	7.1	133.2	66.4

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TABLE 1V

Return of ALL Exceptional Children of School Age in the Area

Disability.	At ordinary schools.	At special schools or classes.	At no school or institution.	Total.
1. Blind ... ..	-	1	-	1
2. Partially sighted:				
(a) Refractive errors in which the curriculum of an ordin- ary school would adversely affect the eye condition	1	-	-	1
(b) Other conditions of the eye, e.g. cataract, ulceration, etc., which render the child unable to read ordin- ary school books or to see well enough to be taught in an ordinary school	-	-	-	-
3. Deaf:				
Grade 1 ... ..	-	-	-	-
" 11(a) ... ..	-	-	-	-
" 11(b) ... ..	1	-	-	1
" 111 ... ..	-	2	-	2
4. Defective speech:				
(a) Defects of articulation requiring special educ- ational measures ...	-	-	-	-
(b) Stammering requiring special educational measures	-	-	-	-
5. Mentally defective:				
(Children between 5 and 16 yrs.)				
(a) Educable ... ..	1	1	-	2 *
(b) Ineducable ... ..	2	-	11	13(+3)
6. Epilepsy				
(a) Mild and occasional	-	-	-	-
(b) Severe (suitable for care in a residential school)	-	-	-	-
7. Physically Defective:				
(Children between 5 and 16 yrs.)				
(a) Non-pulmonary tuberculosis - (excluding cervical glands)	-	-	-	-
(b) General orthopaedic conditions ... ..	-	2	-	2
(c) Organic heart disease	-	-	1	1
(d) Other causes of ill health	-	-	1	1
8. Multiple defects ...	1	-	2 <sup>+</sup>	3

\* Three additional mentally defective children of school age are in institutions for mental defectives in the south.

+ 1 child is epileptic and blind.  
1 child is epileptic and mentally defective.



TABLE VDental Inspection and Treatment

Number of children who were:-

(1) Inspected by dental officer:-

Age.	(a) Systematic Examinations.	(b) Special and Emergency cases.	Total
5 - 6	569	)	569
7 - 8	281	)	281
8 - 9	276	)	276
9 - 10	269	)	269
10 - 11	271	26)	271
11 - 13	263	)	263
13 - 14	250	)	250
14 - 15	262	)	262
15 and over	137	)	137
	<u>2578</u>	<u>26</u>	<u>2578</u>

- (2) Found to require treatment ..... 1418
- (3) Actually treated by Dental Officer ..... 1307
- (4) Number of attendances made by children for treatment ..... (No record)
- (5) Fillings:-
- (a) Permanent teeth ..... 1439
- (b) Temporary teeth ..... 1180
- (6) Extractions:-
- (a) Permanent teeth ..... 68
- (b) Temporary teeth ..... 2116
- (7) Number of administrations of a general anaesthetic ..... 4
- (8) Other operations:-
- (a) Permanent teeth ..... )
- (b) Temporary teeth ..... ) 17
- (9) Number of half-days devoted to inspection - 98.  
Number of half-days devoted to treatment - 370.
- (10) Number being treated under private arrangement - 151.
- (11) Treatment refused - None.
- (12) Children visiting Saturday "open" clinic for treatment, mostly from country districts, numbered 789. These were treatments given apart from those found necessary following school inspection and done in schools or at the Clinic by arrangement.
- (13) Scaling and treatment of gums - 210.
-

DENTAL REPORT FOR SCHOOL YEAR ENDING JULY, 1951by Alfred Young, School Dental Officer

Since a notice appeared in the local papers advising mothers to take their young children (who are still not at school) to the Dentist, 101 children have visited the Clinic. Several of those children have had two or three visits.

Treatment has been mostly Eugenol and Dentol solution.

I find the children come to the Dentist with much more confidence and are taking greater care of their teeth.

Once again I must thank the masters and teachers for their help and co-operation.

### SUMMARY

The National Health Service Act has now been in force for three years and there has been time to take a look round and see how it has affected our local public health services. This report is confined to the Local Authority's responsibilities under the Act, and therefore I am not commenting on the working of the hospital and general practice services.

The most obvious point that strikes one is that the new Act lays far more emphasis on the curative side of medicine than it does on preventive medicine. This has already been pointed out by various writers on public health subjects who have commented on the fact that the term "Health Service" is being used for a service that is mainly directed at curing illnesses.

A total sum of over 400 million pounds is being spent yearly on the National Health Service. Figures for 1951-52 show that the Regional Hospital Boards are given 62.9 per cent of this sum; the Executive Councils get 32.8 per cent; and the local health authorities who are responsible for prevention of disease get 4.3 per cent. A Medical Officer of Health in England has recently pointed out how unbalanced the position is at present while we are spending 95.7 per cent of this large sum on the treatment of disease and only 4.3 per cent on the promotion of health.

As science discovers newer and more elaborate methods of treating diseases the hospital services continue to expand and to absorb more and more of the attention of the medical profession and of the public.

There is a glamour and interest attached to hospital and curative medicine; few of the public show as much interest in the simpler and duller measures necessary to avoid illness as they do in the details of the more elaborate measures used in treatment. This is very understandable.

However there are various factors which are bound to slow up the expansion of the hospital services. There are at present several thousand hospital beds in the country which are not in use because of lack of hospital staff. It is the task of preventive medicine to ease the demand for hospital accommodation, and as one authority states "the very austerity of the times in which we live makes the continued neglect of prevention an impossibility."

How does all this affect us locally? In this small area the same laymen and medical men are engaged in running and working all parts of the Health Act. This means that there is good co-ordination between the hospital services, the Executive Council, and the public health authorities, but it also might lead to the more insistent demands of the curative services taking our attention away from the less spectacular work of the preventive services. I do not think this has happened, but it is a danger against which we must be on our guard.

Here, as elsewhere, the local authority's public health services are changing the direction of their efforts. Infectious diseases and environmental hygiene no longer take up most of the time of the staff. Welfare work, especially work/

work arising from the need to care for aged persons is requiring an increasing amount of attention. It is becoming a problem of such magnitude that the public health services will find it difficult to spare the staff to do much in the newer fields in which we are being asked to work. Health education and accident prevention are two new directions in which a small start has been made.

In the future preventive medicine will be expected to study and control the stresses which lead to degenerative changes, and to find out and prevent ill health due to mental and emotional causes. There is not much we can do about all this just now, except to remember that the problem ahead is a changing one, and that we must therefore avoid settling into a rut. Whenever possible we must try and extend the scope of our work within the limits which various difficulties place upon us.

During the past year we can claim that the working conditions of the nurses have improved and that we have had fewer changes in the nursing staff.

There has been an influenza epidemic in the beginning of the year, and an outbreak of epidemic myalgia during the summer months. An epidemic of tonsillitis with some severe complications affected the people in Fair Isle.

School medical inspections continue to result in the discovery of very few defects among the pupils. Most children have had their ailments dealt with by their parents and family doctor before a routine medical inspection is made. The value of these inspections really lies in the fact that they enable the Medical Officer of Health to get a closer view of each parish in the county and to detect minor differences between the different areas.

The demand for dental treatment of school children is greater than can be met by the services of one School Dentist.

We could with advantage do more towards promoting hygiene in food establishments; the food trade have been helpful and co-operative. There is also room for more efforts at Health Education of the public.

Diphtheria immunisation figures should be a little better than they are.

The tuberculosis position has improved, relatives of patients and other contacts are co-operating well, and here one can feel a cautious optimism.



APPENDIXMATERNITY AND CHILD WELFAREHome Visitation During Year

(a) In Lerwick by Nurse M. L. Shearer, Health Visitor:-

	<u>No. visited for first time.</u>	<u>Total Visits</u>
Expectant mothers	13	25
Infants	135	490
Children (1-5 years)	166	450

(b) By District Nurses who perform midwives' duties as well as health visitors' duties:-

	<u>No. visited for first time.</u>	<u>Total Visits</u>
Expectant mothers	203	1573
Infants	242	1929
Children (1-5 years)	185	2791

BIRTHS DURING 1951

(1) Total number of live births during year (before correction for mother's residence)	- 294
Total number of stillbirths	- 10
(11) Total number of births in (1) occurring in institutions	- 202
(111) Total number of births occurring at home:	
Doctor present	- 68
Doctor not present	- 34

TUBERCULOSISNUMBER OF CASES DIAGNOSED AS SUFFERING FROM TUBERCULOSIS

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Respiratory	10	8	18
Non-Respiratory	1	1	2
	11	9	20

NUMBER OF CASES WITH THEIR HOME RESIDENCE IN THE AREA  
WHO RECEIVED TREATMENT IN SANATORIA OR OTHER INSTITUTIONS

	<u>Respiratory</u>		<u>Non-Respiratory</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
In Institutions on				
January 1st: Adults	10	12	2	1
Children	-	-	-	-
Admitted during				
the year: Adults	18	14	10	9
Children	-	-	1	-
Discharged during				
the year: Adults	14	15	9	7
Children	-	-	1	-
Died in				
Institutions: Adults	4	2	2	-
Children	-	-	-	-
In Institutions on				
December 31st Adults	10	9	1	3
Children	-	-	-	-

NUMBER OF PERSONS RESIDENT IN THE  
AREA AT 31st DECEMBER, 1951, WHO WERE KNOWN TO  
BE SUFFERING FROM TUBERCULOSIS

<u>RESPIRATORY</u>	<u>Males. Females. Total</u>		
1. Sputum or other material examined and tubercle bacilli found	49	31	80
2. Sputum or other material examined and tubercle bacilli never found	16	13	29
3. Sputum or other material not examined	13	23	36
<u>NON-RESPIRATORY</u>			
1. Abdominal	5	11	16
2. Spine	4	9	13
3. Bones and joints (exclusive of spine)	9	2	11
4. Superficial glands	1	6	7
5. Lupus	1	5	6
6. Other parts or organs	6	4	10

Prescribed particulars on the administration of the  
Factories Act, 1937

County of Zetland (Excluding Burgh of Lerwick)

Part 1 of the Act

1. INSPECTIONS for purposes of provisions as to health  
(including inspections made by Sanitary Inspectors)

Premises	Number on Register.	Number of Inspections.	Number of Written notices.	Occupiers prosecuted
i)Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	55	50	3	-
ii)Factories not included in (i) in which Section 7 is enforced by the Local Authority	-	-	-	-
iii)Other Premises in which Section 7 is enforced by the Local Authority (ex- cluding out-workers' premises)	-	-	-	-
<b>TOTAL</b>	<b>55</b>	<b>50</b>	<b>3</b>	<b>-</b>

2. CASES IN WHICH DEFECTS WERE FOUND

Partic- ulars.	Number of cases in which defects were found.		Referred To H.M. Inspector		Number of cases in which prosecutions were instituted
	Found.	Remedied.		by H.M. Inspector	
Want of cleanliness	1	1	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	3	3	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a)insufficient	1	1	-	-	-
(b)unsuitable or defective	3	3	-	-	-
(c)not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	2	2	-	-	-
<b>TOTAL</b>	<b>10</b>	<b>10</b>	<b>-</b>	<b>-</b>	<b>-</b>

Prescribed particulars on the administration of the  
Factories Act, 1937

Burgh of Lerwick

Part 1 of the Act

1. INSPECTIONS for purposes of provisions as to health  
(including inspections made by Sanitary Inspectors)

Premises	Number on Register.	Inspections.	Number of	
			Written notices.	Occupiers prosecuted
i)Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	64	72	-	-
ii)Factories not included in (i) in which Section 7 is enforced by the Local Authority	-	-	-	-
iii)Other Premises in which Section 7 is enforced by the Local Authority (ex- cluding out-workers' premises)	-	-	-	-
<b>TOTAL</b>	<b>64</b>	<b>72</b>	<b>-</b>	<b>-</b>

2. CASES IN WHICH DEFECTS WERE FOUND

Partic- ulars.	Number of cases in which defects were found		Number of cases in which prosecutions were instituted	
	Found.	Remedied.	Referred To H.M. Inspector	by H.M. Inspector
Want of cleanliness	2	2	-	-
Overcrowding	-	-	-	-
Unreasonable temperature	-	-	-	-
Inadequate ventilation	-	-	-	-
Ineffective drainage of floors	-	-	-	-
Sanitary Conveniences				
(a)insufficient	-	-	-	-
(b)unsuitable or defective	3	2	-	-
(c)not separate for sexes	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-
<b>TOTAL</b>	<b>5</b>	<b>4</b>	<b>-</b>	<b>-</b>



